

## BEST AVAILABLE COPY

Attorney Docket No. 39288.013

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## UNIVERSAL CONNECTOR TUBING

the specification of which

(check one)  is attached hereto. was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any identified amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56(a).

I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s):

No. _____ Country _____ D/M/Y Filed _____ Priority claimed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. _____ Country _____ D/M/Y Filed _____ Priority claimed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. _____ Country _____ D/M/Y Filed _____ Priority claimed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. _____ Country _____ D/M/Y Filed _____ Priority claimed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, to the extent the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application and the critical or PCT International filing date of this application.

Ser. No. _____ D/M/Y Filed _____ Status: _____			
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Louis F. Wagner, Reg. No. 55,730 and David F. Duricka, Reg. No. 54,152.

Address all telephone calls to: Louis F. Wagner at telephone No. (530) 258-6453

Address all correspondence to: Customer No. 24115

24115

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FIRST OR SOLE INVENTOR	SECOND INVENTOR	THIRD INVENTOR
Name: William W. Crowley Residence (City): Champaign (State/Country): Illinoi USA P.O. Address: 35 Washington Champaign, Illinoi 61802 Citizenship: USA  Signature: <i>W.W. Crowley</i> Date: 10/16/2002	Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____  Citizenship: _____  Signature: _____ Date: _____	Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____  Citizenship: _____  Signature: _____ Date: _____

FOURTH INVENTOR	FIFTH INVENTOR	SIXTH INVENTOR
Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____  Citizenship: _____  Signature: _____ Date: _____	Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____  Citizenship: _____  Signature: _____ Date: _____	Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____  Citizenship: _____  Signature: _____ Date: _____

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